

RECEIVED
CENTRAL FAX CENTER

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
530 Virginia Road, P.O. Box 9133
Concord, MA 01742-9133

MAY 20 2005

Telephone: (978) 341-0036

Facsimile: (978) 341-0136

CENTRAL LOCATION

FACSIMILE COVER SHEET

Examiner: T. Strzelecka **Group:** 1637

Date: May 20, 2005

Client Code: 2909

Facsimile No.: 703-872-9306

From: Doreen M. Hogle, Esq.

Subject: Paper: Second Supplemental Amendment

Docket No.: 2909.1000-004

Applicants: William G. Thilly

Serial No.: 09/503,758

Filing Date: February 14, 2000

Number of pages including this cover sheet: 14

Please confirm receipt of facsimile: Yes X No

Comments:

@PFDekstop\ODMA\MHODMA\HBSR05.iManage;551287.1

Privileged and Confidential - All information transmitted hereby is intended only for the use of the addressee(s) named above. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient(s), please note that any distribution or copying of this communication is strictly prohibited. Anyone who receives this communication in error is asked to notify us immediately by telephone and to destroy the original message or return it to us at the above address via first class mail.

DMH/MMY/lb
May 20, 2005

DOCKET NO. 29091000-004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William G. Thilly
Application No.: 09/503,758 Group: 1637
Filed: February 14, 2000 Examiner: T. Strzelecka
Confirmation No.: 7123
For: METHODS OF IDENTIFYING POINT MUTATIONS IN A
GENOME THAT CAUSE OR ACCELERATE DISEASE (as amended)

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>5/20/2005</u>	<u>Loretta A. Boudreau</u>
Date	Signature
<u>LORETTA A. Boudreau</u>	
Typed or printed name of person signing certificate	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Second Supplemental Amendment for filing in the above-identified application.

- Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

09/503,758

-2-

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY	
			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDT. FEE	RATE	ADDT. FEE
TOTAL	11	MINUS	* 65	0	X \$25	\$	X \$50	\$
INDEP	6	MINUS	** 17	0	X \$100	\$	X \$200	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180	\$	+ \$360	\$

* not fewer than 20
** not fewer than 3

TOTAL = \$ 0 TOTAL = \$ 0

The Application Size Fee has been calculated as shown below:
(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			Rate	Total Amount Owed	Rate	Total Amount Owed
			X \$125	\$[]	X \$250	\$[]

Payment Sufficient for up to [] Sheets

Petition for Extension of Time

[] Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.

[] [For action-specific language in an extension of time, go to insert, file, public folders, firm templates, and select the appropriate paragraph.]

09/503,758

-3-

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
<hr/>		\$ _____
<hr/>		\$ _____
		TOTAL: \$ _____ 0

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
<hr/>		\$ _____
<hr/>		\$ _____
		TOTAL: \$ _____ 0

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Doreen M. Hogle
Doreen M. Hogle
Registration No.: 36,361
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: May 20, 2005

@PFDekstop\ODMA\MHODMA\HBSR05;iManage;550520;1
DMH/MMY/lb
May 20, 2005

PATENT APPLICATION
Attorney's Docket No. 2909.1000-004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William G. Thilly

Application No.: 09/503,758 Group: 1637

Filed: February 14, 2000 Examiner: T. Strzelecka

Confirmation No.: 7123

For: METHODS OF IDENTIFYING POINT MUTATIONS IN A GENOME
THAT CAUSE OR ACCELERATE DISEASE (as amended)

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on.	
<u>5/20/2005</u>	<u>Loretta A. Boudreau</u>
Date	Signature
<u>LORETTA A. Boudreau</u>	
Typed or printed name of person signing certificate	

SECOND SUPPLEMENTAL AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment is being filed subsequent to Applicant's telephonic interview with
Examiner Strzelecka on May 17, 2005. Reconsideration and further examination are requested.

Please amend the application as follows: